

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1032	Date: AUGUST 18, 2006
	Change Request 5103

SUBJECT: Correction to Skilled Nursing Facility (SNF) Consolidated Billing (CB) Coding File

I. SUMMARY OF CHANGES: For previously denied claims, when brought to their attention, carriers shall reopen and reprocess claims for these services. The codes will be added to the CWF edits as payable outside of consolidated billing for claims with dates of service per the requirements below and processed on or after July 3, 2006 in a separate CWF change request.

New / Revised Material

Effective Date: *April 1, 2001

Implementation Date: September 18, 2006

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

R/N/D	Chapter / Section / Subsection / Title
N/A	

III. FUNDING:

No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2006 operating budgets.

IV. ATTACHMENTS:

One-Time Notification

**Unless otherwise specified, the effective date is the date of service.*

Attachment – One-Time Notification

Pub. 100-04	Transmittal: 1032	Date: August 18, 2006	Change Request 5103
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SUBJECT: Correction to Skilled Nursing Facility (SNF) Consolidated Billing (CB) Coding File

I. GENERAL INFORMATION

A. Background: It has been brought to our attention that claims have been processing incorrectly for a small number of procedure codes. For previously denied claims, per instruction below, when brought to their attention, carriers shall reopen and reprocess claims for these services. The codes will be added to the CWF edits as payable outside of consolidated billing for claims with dates of service per the requirements below and processed on or after July 3, 2006.

B. Policy: Section 1888 of the Social Security Act codifies SNF PPS and CB. The new coding identified in each update describes the same services that are subject to SNF PPS payment by law. No additional services will be added by these routine updates; that is, new updates are required by changes to the coding system, not because the services subject to SNF CB are being redefined. Other regulatory changes beyond code list updates will be noted when and if they occur.

II. BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement

"Should" denotes an optional requirement

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
5103.1	For claims with dates of service on or after April 1, 2001 when brought to their attention, carriers shall reopen and reprocess claims for these procedure codes: 54150, 90471, 90472, 92977 and 93790.			X						
5103.2	For claims with dates of service on or after January 1, 2002 when brought to their attention, carriers shall reopen and reprocess claims for the procedure code 0019T.			X						

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
5103.3	For claims with dates of service on or after January 1, 2003 when brought to their attention, carriers shall reopen and reprocess claims for these procedure codes: 90871, 90918, 90919, 90920, 90921, and 92617.			X						
5103.4	For claims with dates of service on or after January 1, 2005 when brought to their attention, carriers shall reopen and reprocess claims for these procedure codes: G0345, J9395, L6697, L6698, L7181, 36818, 44137, 90467 and 90468.			X	X					DME MACS
5103.5	For claims with dates of service on or after March 22, 2005 when brought to their attention, carriers shall reopen and reprocess claims for these procedure codes: G0375 and G0376.			X						
5103.6	For claims with dates of service on or after October 25, 2005 when brought to their attention, carriers shall reopen and reprocess claims for the procedure code G0372.			X						

III. PROVIDER EDUCATION

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
5103.7	A provider education article related to this instruction will be available at www.cms.hhs.gov/MLNMattersArticles shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within 1 week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin and incorporated into any educational events on this topic. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.			X	X					DME MACS

IV. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: N/A

X-Ref Requirement #	Instructions

B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

V. SCHEDULE, CONTACTS, AND FUNDING

Effective Date*: April 1, 2001 Implementation Date: September 18, 2006 Pre-Implementation Contact(s): April Billingsley (410) 786-0140 April.billingsley@cms.hhs.gov Post-Implementation Contact(s): Appropriate Regional Office	No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2006 operating budgets.
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